

## REPORT COVERING:

- JANUARY 1 through JUNE 30, 2006 - DUE BY AUGUST 15  
 JANUARY 1 through DECEMBER 31, \_\_\_\_\_ - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY  
Postmark Date \_\_\_\_\_

1. Name: Reeves Christie  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
2. Business Address: 1807 Tower Dr Monroe La 71201  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

3. Business Phone: 318-362-7702

Area Code and Telephone Number

4. Employer: Regions Morgan Keegan Trust

5. Employer's address: 1807 Tower Dr Monroe La 71201  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

LA Assessors Ret. System + Association  
members

- 1) a. Name of Retirement System: LA Assessors Ret. System + Association  
members
- b. Total of all expenditures made January 1 through June 30: \$ 1100.00
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_
- 2) a. Name of Retirement System: \_\_\_\_\_
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_
- 3) a. Name of Retirement System: \_\_\_\_\_
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Chris Haas  
Signature of Filer